



Delaware Health and Social Services / Division of Public Health

Report of Potential Human Exposure to Rabies

Please Fax to DE Division of Public Health at (302) 739-3171 as Soon as Possible

VICTIM

Name: _____ ☐ M ☐ F Age _____
First Last Parent's name if under 18

Address: _____
Street City State Zip Daytime Telephone Number

Date of Incident: _____ Wound Location: _____
MM/DD/YY (Hand, Arm, Leg, Face, etc.)

Wound Severity: ☐ Skin Not Broken ☐ Scratch ☐ Bite ☐ Laceration ☐ Puncture Wound

Treatment: ☐ Basic Wound Care ☐ Tetanus ☐ Sutures ☐ Antibiotics ☐ Rabies Vaccine and HRIG

Location of Incident _____
Address, Place, or Location of Incident

Details of Incident: _____
How Did Incident Occur ?

ANIMAL

☐ Dog ☐ Cat ☐ Other _____
Please Indicate Species of Animal

Description: _____
Color, Markings, Breed, Hair Length, Size, Weight, Sex, etc.

Owner Known: ☐ No ☐ Yes If Yes, please provide animal owner's information below.

Name: _____ Daytime Phone: _____

Address: _____
Street City State Zip

**For Rabies Disease Prevention Information:
Please Call DPH Rabies Hotline at (302) 744-4545**

**For Rabies Animal Control Services - Anywhere in Delaware:
Please Notify Kent County SPCA at (302) 698-3006**

Name of Person Taking Information: _____ Date: _____
First Last MM/DD/YY

Name of Hospital or Facility: _____ Phone: _____